

Name
in
Full

Infant. Brown.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Coleman</u> Town		County <u>Kent</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>May</u>	Day <u>5</u>	Age <u>1</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Josiah T. Brown</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Ellie Brown</u>			Mother's Birthplace <u>md.</u>		
Name of person giving information <u>Joseph H. Haverstick</u>			How related to deceased <u>None.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Pneumonia</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>L. P. Atwell M.D.</u>
Accident or Suicide? <u>9</u>	Address <u>Still Pond</u> <u>md.</u>

Union Church.
Edman.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

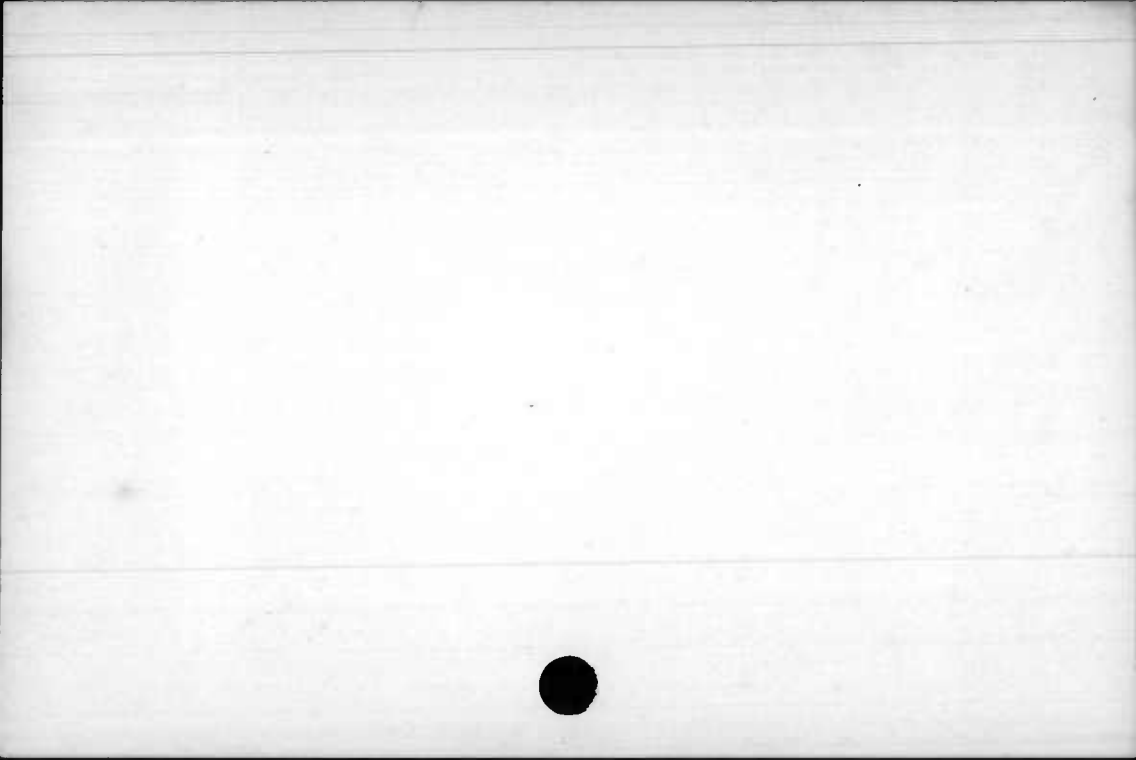
Name in Full <i>Jno. Lewis Burns</i>		Town <i>Fairlee</i>		County <i>Ident</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1905 May 22</i>		<i>65</i>		<i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

81

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Aneurysm of Carotid</i>	How long
Immediate	<i>artery (Rupture)</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Frank R. Hines</i>
		Address <i>Chestertown, Md</i>
Accident or Suicide?		



Name
in
Full

Isabell Calvin

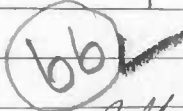
CERTIFICATE OF DEATH

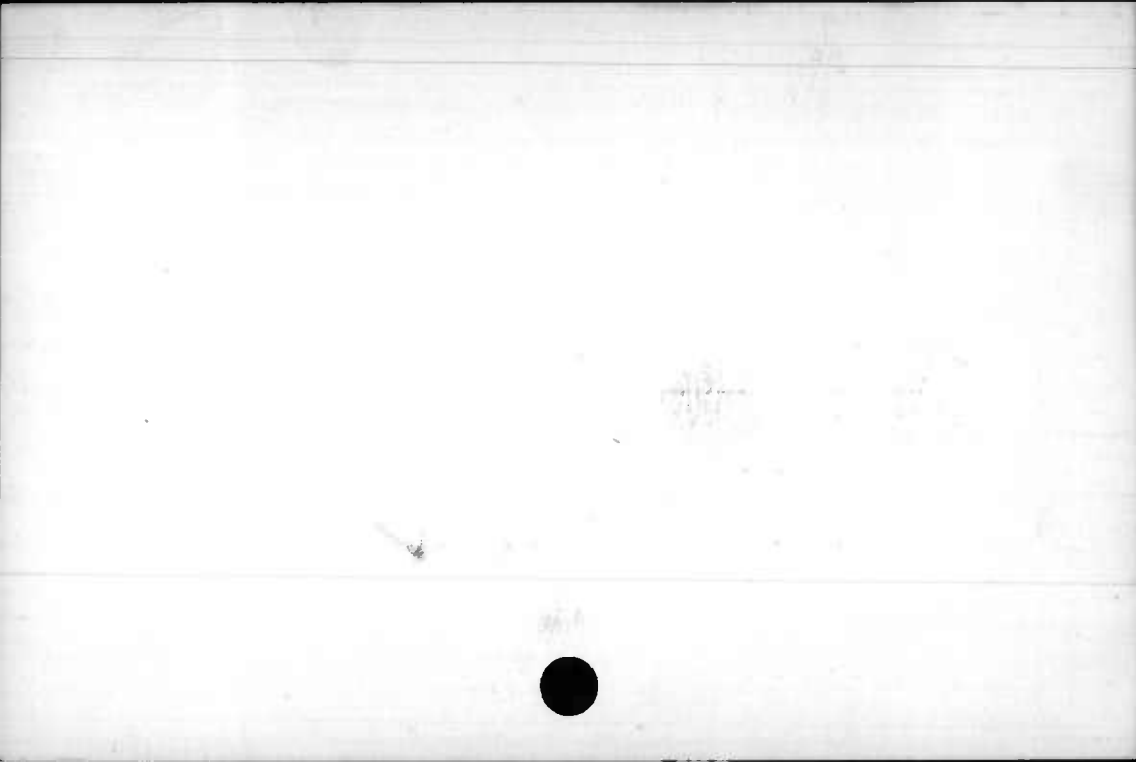
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Galena</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1905-</i>	<i>5-</i> ^{Month}	<i>31</i> ^{Day}	Age <i>76</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Galena</i>				
Married Single <i>1</i> or Widowed	Name of Wife or Husband <i>John Calvin</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>Wm E. Hicks</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>old age</i>	How long <i>66</i> 
Immediate <i>Paralysis</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Latimer M.D.</i>
	Address <i>Galena Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

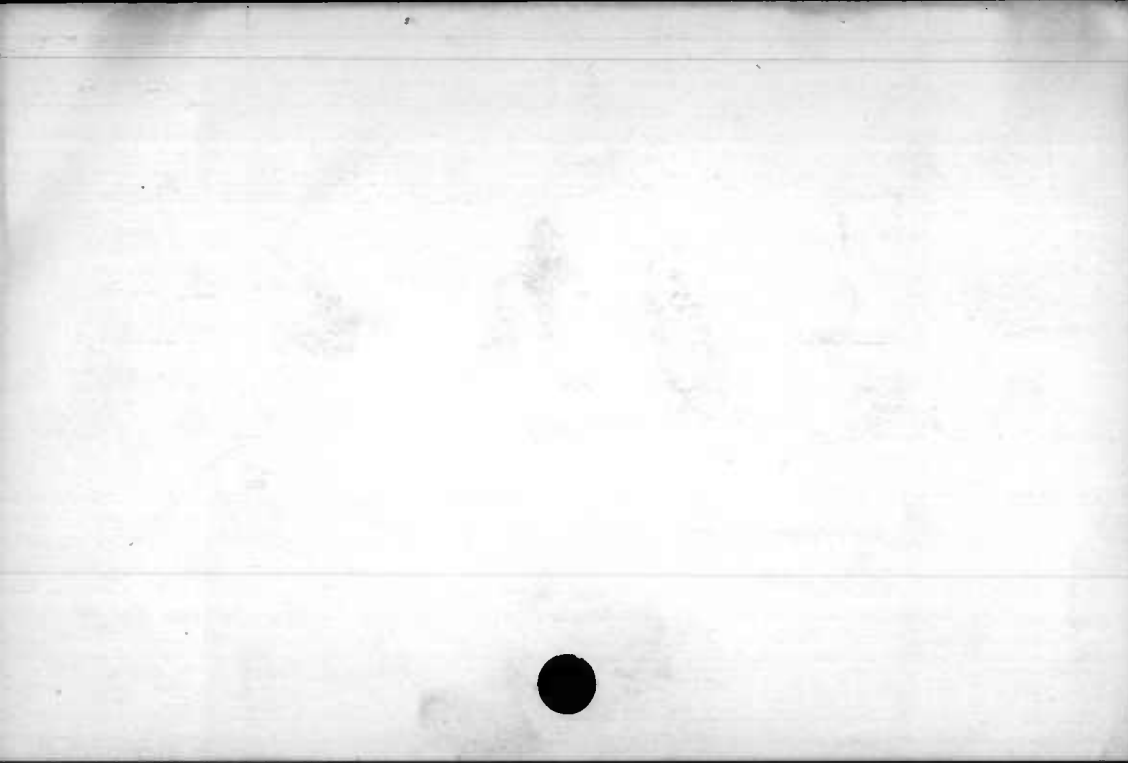
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Melato's</i> Town <i>Melato's</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1905</i> Month <i>May</i>		Day <i>28</i>	Age <i>23</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Kent Co Md</i>			
Occupation <i>Airline</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph Carter</i>				
Father's Name <i>William Chambers</i>	Father's Birthplace <i>Porto Md</i>		Mother's Birthplace <i>Kent Co Md</i>		
Mother's Maiden Name <i>Wm. Virgo</i>	Name of person giving information <i>Joseph Carter</i>		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>6</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. H. H. H. H. H.</i>
	Address <i>Chapman St</i>
Accident or Suicide?	



Name
in
Full

Arabella V Caalk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sassafras</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>23</i>	Age <i>66</i>	Months <i>4</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White American</i>		Birth-place <i>Cecilton Md</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Sassafras Md</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Benjamin Caalk</i>			
Father's Name <i>James Ford</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>J. E. Ford</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>J. E. Shepherd</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma</i>	How long <i>2 years</i>
Immediate <i>Pneumonia</i>	How long <i>one month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J J Wright MD</i>
	Address <i>Harwick Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Big woods* ^{Town}*Xenia* ^{County}Date
of death *1905*Month
*May*Day
4

Age

Years

Months
*5*Days
*4*Sex
*Female*Color or
Race*Black*Birth-
place*Big woods*

Occupation

Where Residing if not
at place of death*Big woods*~~Married, Single~~
or ~~Widowed~~Name of Wife or
HusbandFather's
Name*Oliver Chisim*Father's
Birthplace*Virginia*Mother's
Maiden Name*Adas Baker*Mother's
Birthplace*Xenia Md*Name of person giving
In formation*Oliver Chisim*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Whooping cough

How long

3 months

Immediate

Pneumonia

How long

*2 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*G. J. Govett Barwick*

Address

*Xenodysville
Md*

Cause or Suicide?

Mountain Church

Name
in
Full

CERTIFICATE OF DEATH

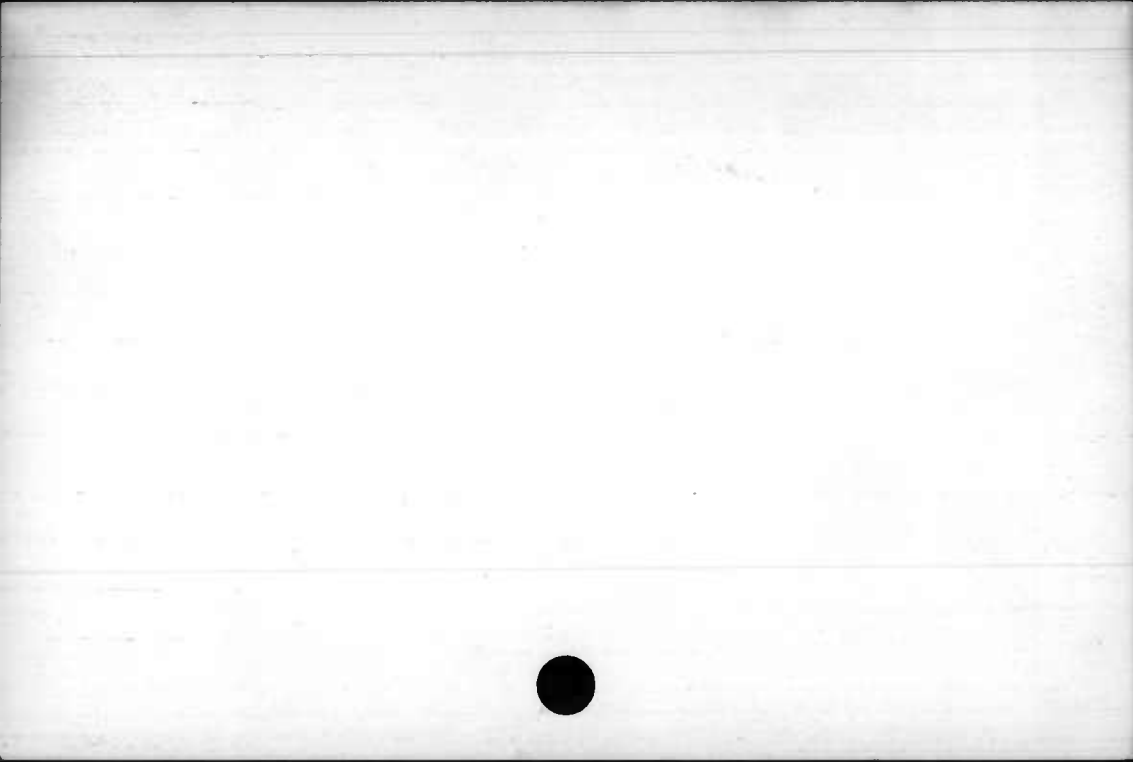
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Delorah Ann Elias</i>				County <i>Kent</i>		State <i>MARYLAND</i>	
Died at <i>Near Chestertown</i>		Town <i>Town</i>		County <i>Kent</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>8</i>	Years <i>40</i>	Months <i>—</i>	Days <i>—</i>		
Sex <i>female</i>	Color or Race <i>Colored</i>		Birth-place				
Occupation			Where Residing if not at place of death <i>Near Chestertown</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William Elias</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>William Elias</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>Some months -</i>
Immediate <i>"</i>	How long <i>120</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Acute Aggravation <i>1 week</i>
Signature of Physician <i>H. Bunge Simmons</i>	Address <i>Chestertown Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Mary Garey

CERTIFICATE OF DEATH

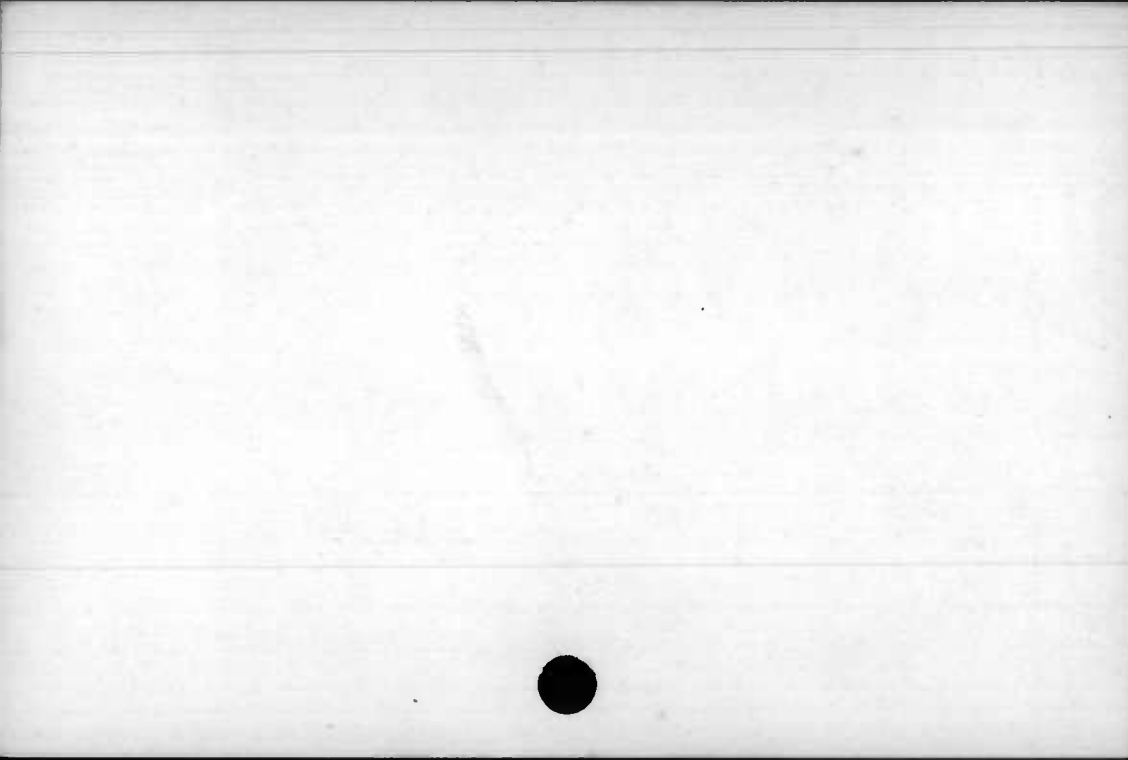
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chester</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death <u>1905</u> ^{Month} <u>May</u> ^{Day} <u>1</u> ^{Years}		Age <u>'65</u> ^{Months} <u>about</u> ^{Days}			
Sex <u>Female</u>	Color or Race <u>Col</u>	Birth-place			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>George W. Garey</u>				
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <u>Geo. W. Garey</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Apoplexy</u>	How long <u>3 years</u>
Immediate <u>Coma</u>	How long <u>Several days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. G. Snipers</u>
	Address <u>Chester</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

Hattie Gibbs

CERTIFICATE OF DEATH

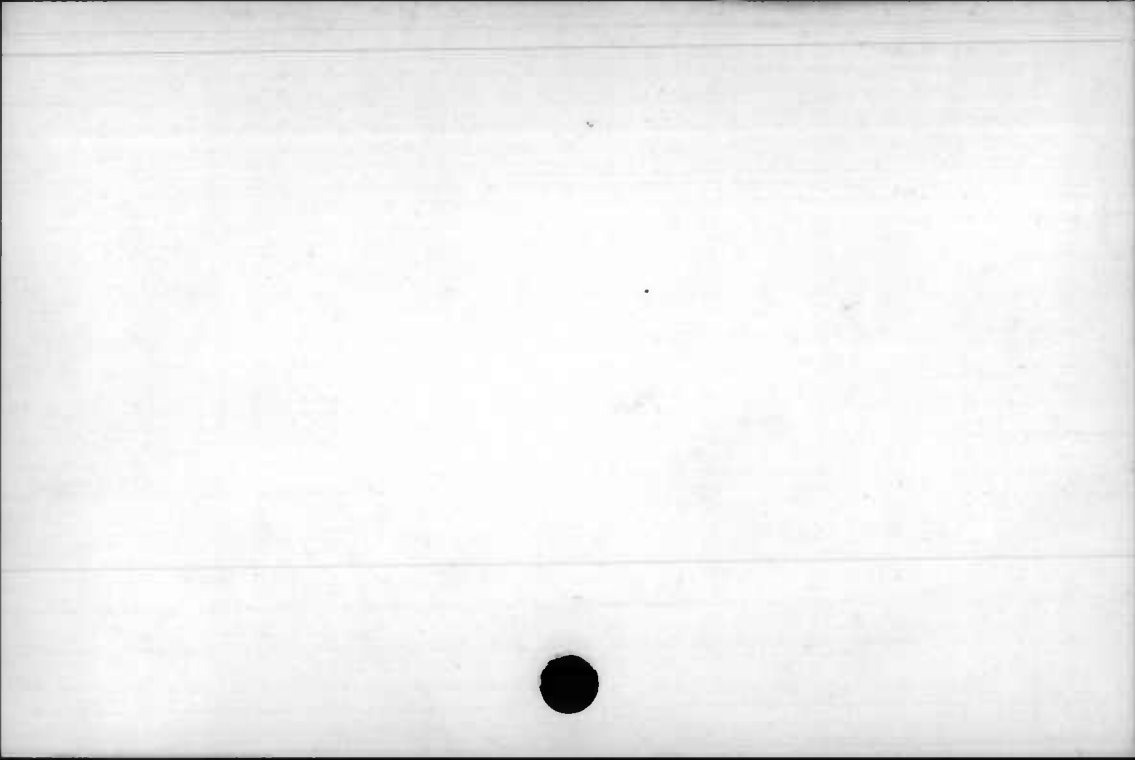
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Chestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death	Month <i>May</i>	Day <i>9</i>	Years <i>74</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Cal</i>		Birth-place <i>Kent Co.,</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Carroll Gibbs</i>			
Father's Name <i>James T. Graves</i>			Father's Birthplace <i>Kent Co.</i>		
Mother's Maiden Name <i>Sarah Graves</i>			Mother's Birthplace <i>Delaware</i>		
Name of person giving information <i>Carroll Gibbs</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Intercutaneous of Intestines</i>		How long <i>8 mo</i>
Immediate	<i>Exhaustion</i>		How long <i>(21)</i>
Are the name, age, sex, color, date and place correctly given above?		Yes <i>Yes</i>	Signature of Physician <i>H. G. Imbers</i>
			Address <i>Chestertown Md</i>
Accident or Suicide?		No	



Name
in
Full

Julian Graves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Still Pond		^{County} Md		MARYLAND	
Date of death	1905	Month	May	Day	18
Age	Years		Months		Days
Sex	Male		Color or Race		Black
Birth-place	Md				
Occupation	_____		Where Residing if not at place of death _____		
Married, Single or Widowed	_____		Name of Wife or Husband _____		
Father's Name	Harry Graves			Father's Birthplace	Md
Mother's Maiden Name	Ellen Henry			Mother's Birthplace	Md
Name of person giving information	" "			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	93 ✓ a week.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Still Pond. Md.	
Accident or Suicide?			

Still Pond.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Clifton Hurtt		Town Locust Grove		County Kent		State MARYLAND	
Died at Locust Grove		Date of death 1905		Month May		Day 5	
Sex Male		Color or Race White		Age 36		Years 6	
Occupation Farmer		Birth-place Ind		Months 6		Days —	
Where Residing if not at place of death —		Married, Single or Widowed Single		Name of Wife or Husband —			
Father's Name James W. Hurtt		Father's Birthplace Ind		Mother's Maiden Name M. E. Woodland		Mother's Birthplace Ind	
Name of person giving information Mrs. Sophia Hurtt		How related to deceased Sister in law.					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Typhoid Fever	How long six weeks
	Immediate Heart Failure	How long —
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. Ivin Barwick
	Address Kennedyville	Ind
Accident or Suicide? —		

Shrewsbury chyd

Name
in
Full

CERTIFICATE OF DEATH

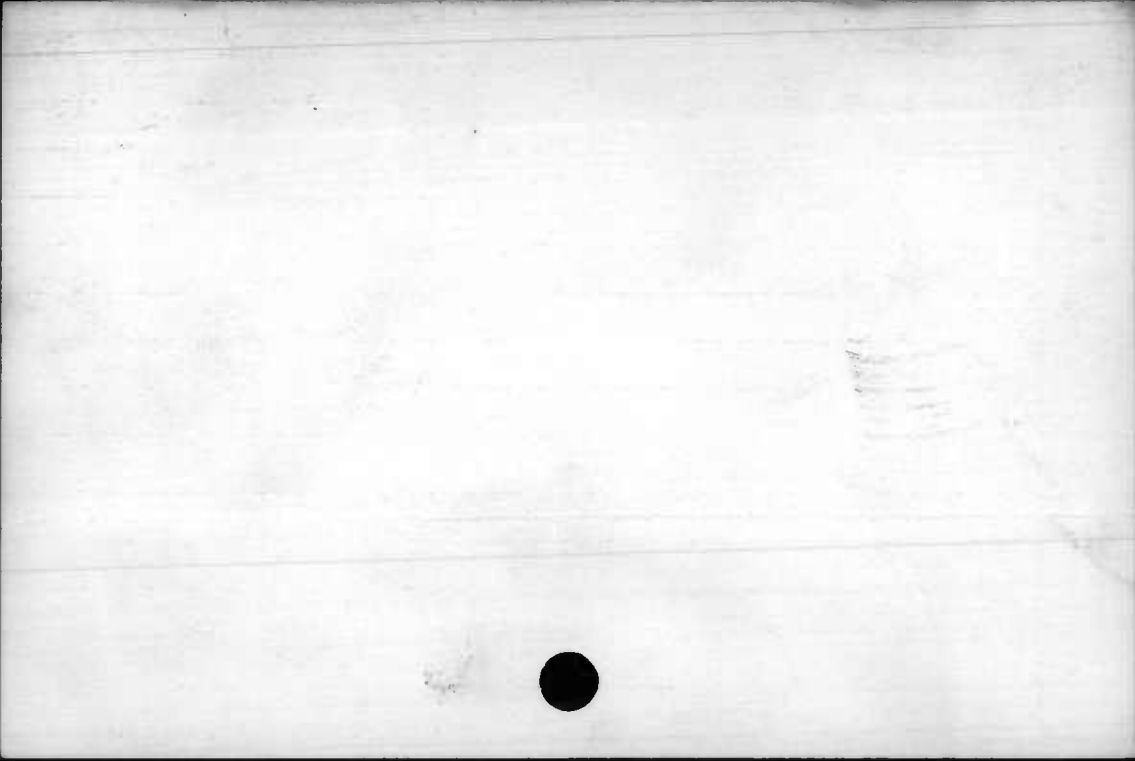
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Morgantown</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND		
Date of death	<i>1905</i> <small>Year</small>	<i>May</i> <small>Month</small>	<i>26th</i> <small>Day</small>	Age <i>35</i> <small>Years</small>	<i>0</i> <small>Months</small>	<i>0</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Maryland</i>				
Occupation <i>Housework</i>	Where Residing if not at place of death <i>At home</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jacob Jones</i>					
Father's Name <i>Perry Cleaver</i>	Father's Birthplace <i>Morgantown</i>					
Mother's Maiden Name <i>Jane Ferrell</i>	Mother's Birthplace <i>Eccl. Co.</i>					
Name of person giving information <i>Hannah Johnson</i>	How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart</i>	How long <i>2 Years</i>
Immediate <i>Exhaustion</i>	How long <i>79</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. P. Gorman M.D.</i>
	Address <i>Millington Md.</i>
Accident or Suicide?	



Name
in
Full

Mary Patrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Chestertown^{County} Kent

Date of death 1905 May

Day 24

Age — Years

Months —

Days 40

Sex Female

Color or Race White

Birth-place Chestertown

Occupation infant

Where Residing if not at place of death

Chestertown

Married, Single or Widowed

Name of Wife or Husband —

Father's Name Wm E. Patrick

Father's Birthplace Maryland

Mother's Maiden Name Sadie J. Knotts

Mother's Birthplace Kent Co

Name of person giving information Wm E. Patrick

How related to deceased Father

CAUSES OF DEATH

Primary Whooping Cough

How long 2 weeks

Immediate Pneumonia

How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

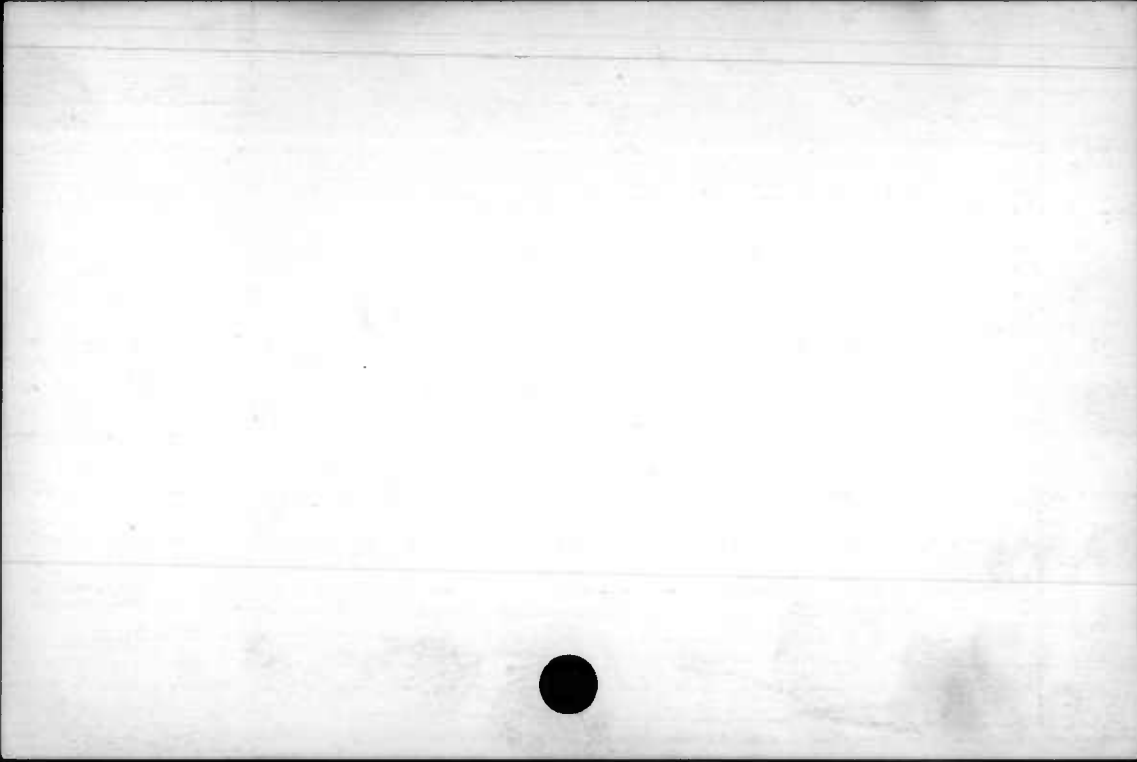
H. Bruce Simmons

Address

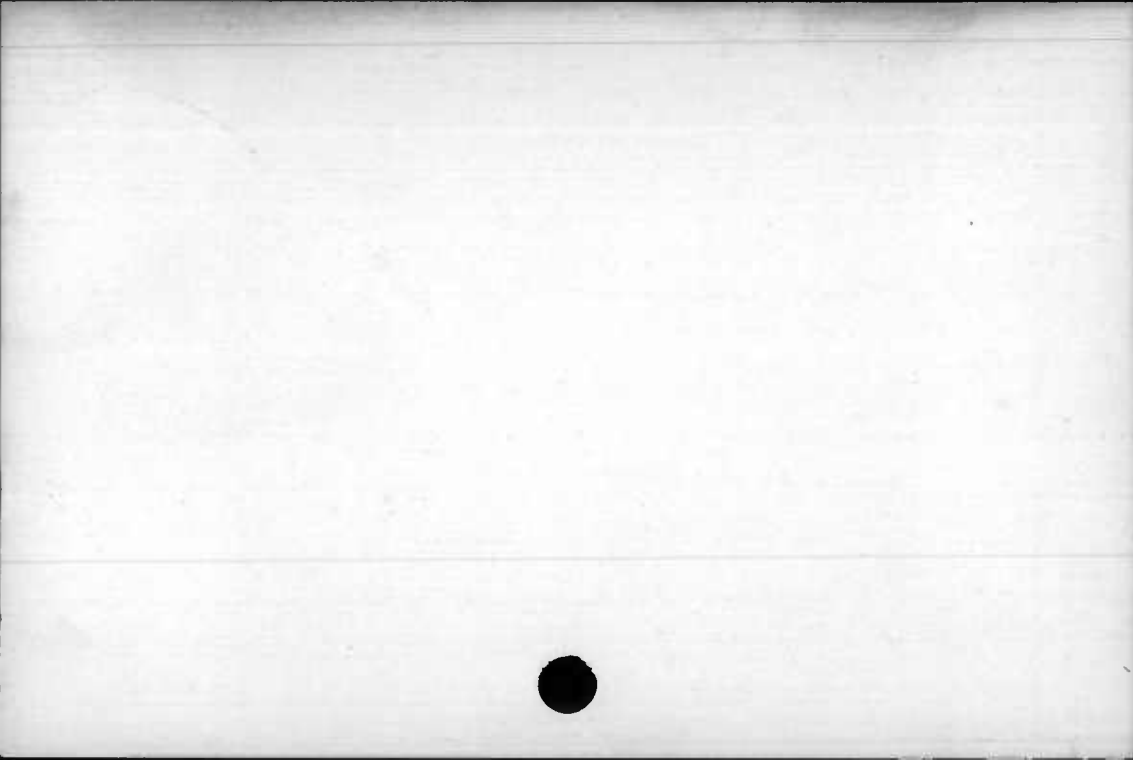
Chestertown Md

Accident or Suicide? no

PHYSICIAN
OR CORONER



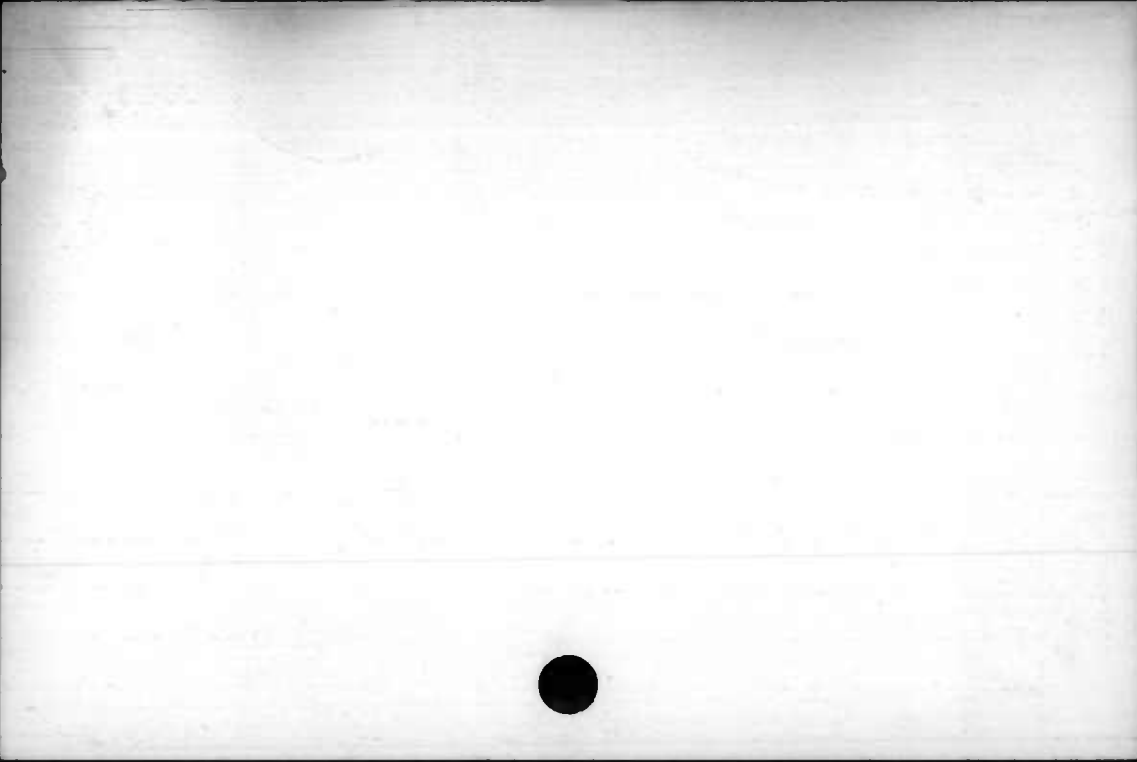
Name in Full		Infant Nepley				TOWN		County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hammony Ind		TOWN		County		MARYLAND			
	Date of death		1905	Month 5	Day 12	Age		Years	Months	Days		
	Sex		Male		Color or Race		White		Birth- place		Ind	
	Occupation				None		Where Residing if not at place of death					
	Married, Single or Widowed		Single		Name of Wife or Husband		None					
	Father's Name		John J. Nepley				Father's Birthplace		Ind			
	Mother's Maiden Name		Laura C. Brandenburg				Mother's Birthplace		Ind			
	Name of person giving Information						How related to deceased					
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary		Protracted labor					How long				
	Immediate		Acephalic					How long				
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				Address			
Accident or Suicide?												



Name in Full		Still Born Infant Smith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Big woods</i>		Town <i>Big woods</i>		County <i>Trent</i>		MARYLAND	
	Date of death <i>1901 May</i>		Month <i>May</i>		Day <i>13</i>		Age <i>Years</i>	
	Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Big woods</i>			
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
	Father's Name <i>not known</i>		Father's Birthplace <i>—</i>					
	Mother's Maiden Name <i>Annie Smith</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Rachel Butler</i>		How related to deceased <i>none</i>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Still birth.</i>		How long <i>3.</i>					
	Immediate		How long					
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>G. J. Barwick</i>		Address <i>Summerville Md.</i>			
	Accident or Suicide?							

Frimontani Church

Name in Full		Charles Starling				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Morgue		Kent		MARYLAND	
	Date of death	1905	May	13	Age	1	Months 3
	Sex	Male		Color or Race	Colored		Birthplace
	Occupation			Where Residing if not at place of death		Kent Co	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Charles Starling				Father's Birthplace	Still Pond Md
	Mother's Maiden Name	Maggie Brown				Mother's Birthplace	Balt.
	Name of person giving information	Charles Starling				How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Rachitis				How long	all life
	Immediate	Pneumonia				How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				H. Brange Simmons		
	Address				Chester Town Md.		
Accident or Suicide?				No			
				Saw child once only and it was dying at the time - above information is from history of child given by parents.			



Name
in
Full

William Alfred Thompson

CERTIFICATE OF DEATH

Died at ^{Town} Rock Hall^{County} Kent

MARYLAND

Date
of death 1903

Month May

Day 31

Age 25-
Years

Months 11

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Kent Co Md

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Carie Warner

Father's
Name

James Thompson

Father's
Birthplace

Kent Co Md

Mother's
Maiden Name

James Forsley

Mother's
Birthplace

" "

Name of person giving
information

James Thompson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis Intestinal

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

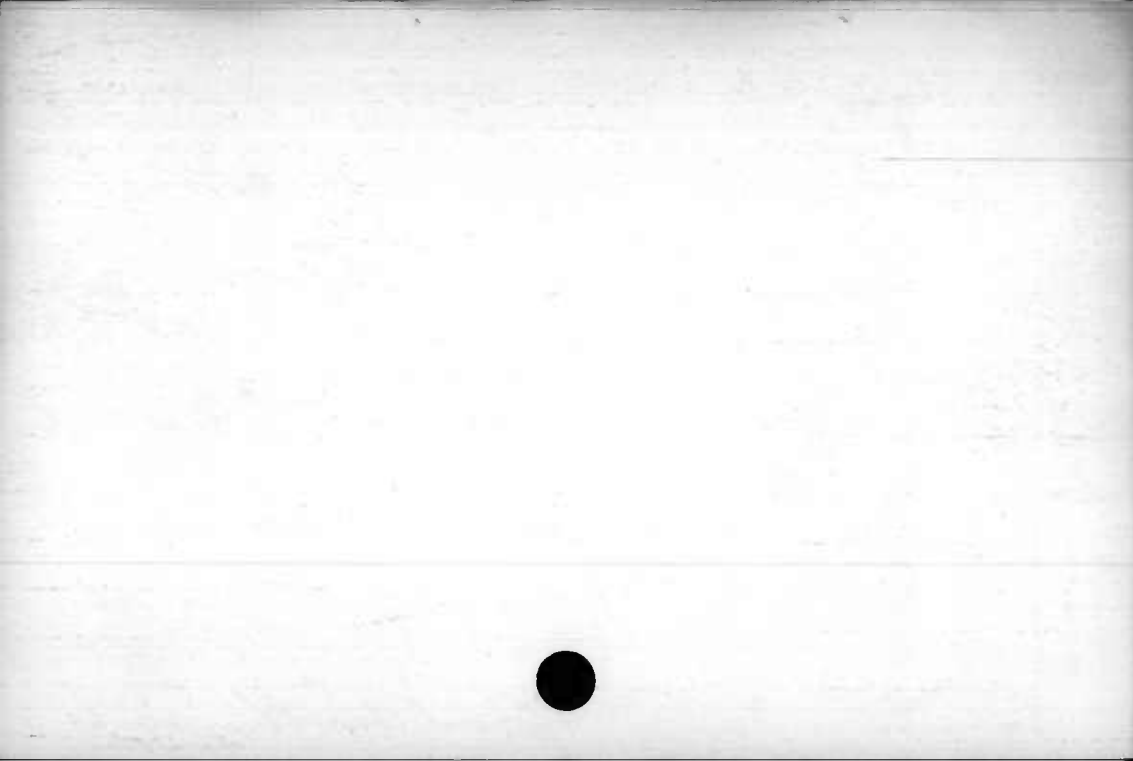
W. H. Beall M.D.

Address

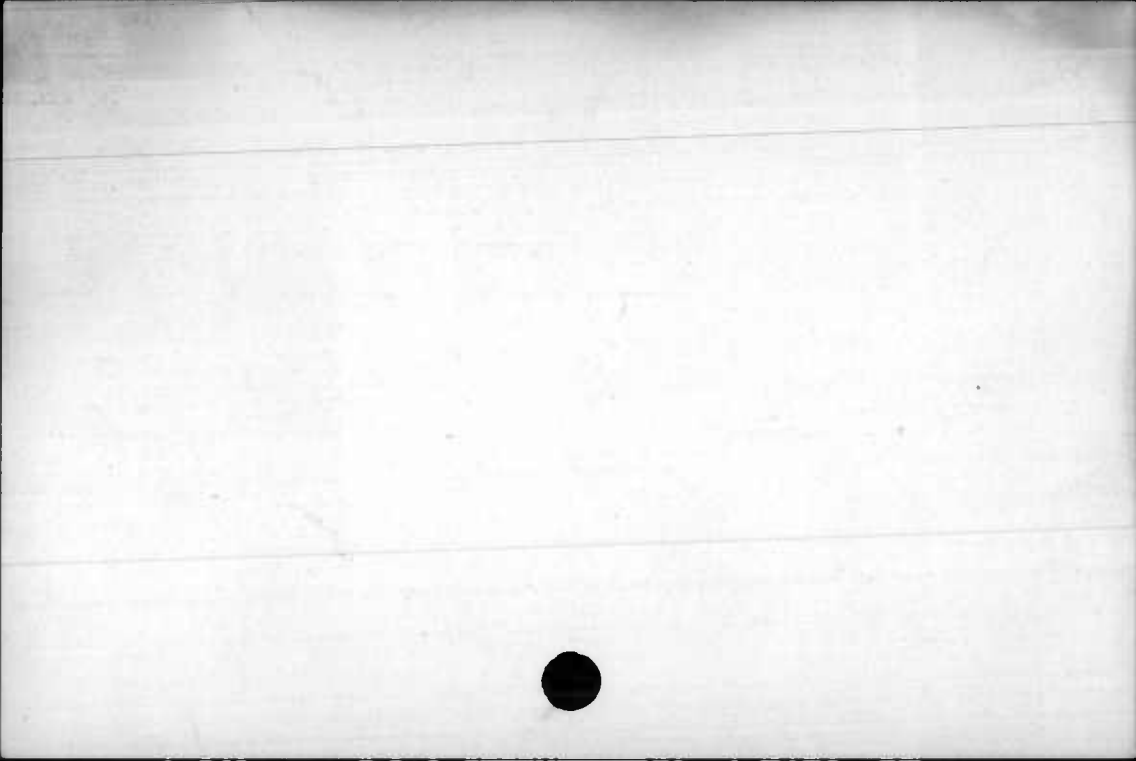
Rock Hall

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Died at				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Town Coleman,				County Kent.		MARYLAND	
		Date of death 1905		Month 8	Day 17	Age 58	Years	Months	Days
		Sex male		Color or Race colored.		Birth- place Maryland.			
		Occupation Farm Laborer,				Where Residing if not at place of death			
		Married, Single or Widowed widower.		Name of Wife or Husband					
		Father's Name James White,				Father's Birthplace Md.			
		Mother's Maiden Name				Mother's Birthplace			
PHYSICIAN OR CORONER		CAUSES OF DEATH							
		Primary Bright's disease.				How long 12 1/2 years.			
		Immediate Heart-failure.				How long			
		Are the name, age, sex, color, date and place correctly given above? yes,				Signature of Physician W.S. Maxwell,			
Accident or Suicide?		Address Soil Pond, Md.							



Name
in
Full

Frank Wicks

CERTIFICATE OF DEATH

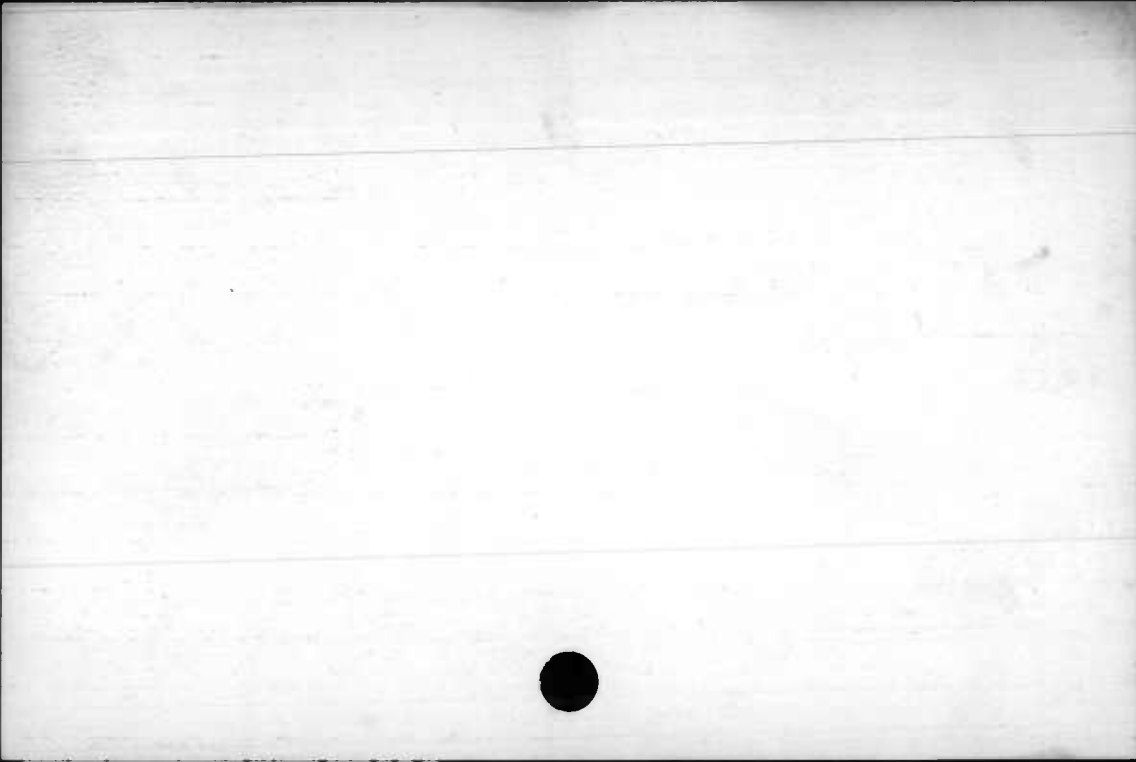
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandy Bottom</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death	1905	Month	May	Day	16
Age	39	Years		Months	9
Sex	Male	Color or Race	Black	Birth-place	Kent Co
Occupation	Farm work		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Lizzie Wicks —		
Father's Name	Charles Wicks			Father's Birthplace	Kent Co Md
Mother's Maiden Name	Susan Pipers			Mother's Birthplace	V.a.
Name of person giving information	Fredrick Tolson			How related to deceased	Step Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Syphilis. Insanit</i>	How long	<i>2 yrs</i>
Immediate	<i>Asthenia</i>	How long	<i>2 mo.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>F. J. W. Smith</i>
		Address	<i>Fairlee Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

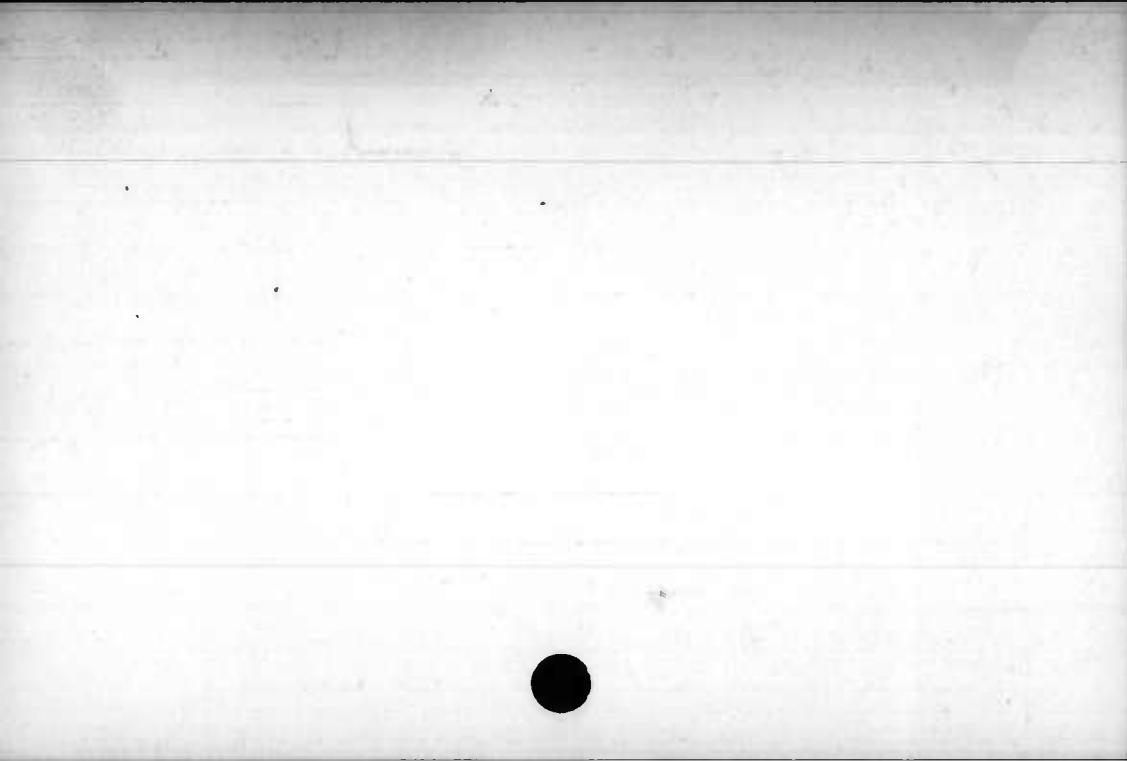
MARYLAND

Died at <i>Near Galena</i>		Town <i>Kent</i>		County	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>29</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>—</i>		Days <i>—</i>
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James Alfred Wright</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Esther Ambrose</i>			Mother's Birthplace <i>Kent Co</i>		
Name of person giving information <i>John Spencer</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>S.</i>	How long
Immediate <i>Still Born</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Emeline Pearce Nurse</i>	
	Address <i>Galena Md</i>	
Accident or Suicide?		



Name
in
Full

unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Georgetown Bassafras River</u>		Town		County <u>Kent</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>May</u>	Day <u>27</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>Mullatto</u>		Birth-place <u>Maryland</u>				
Occupation			Where Residing if not at place of death				
Married, Single or <u>Widowed</u>			Name of Wife or Husband				
Father's Name <u>Not Known</u>			Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>Not Known</u>			Mother's Birthplace <u>—</u>				
Name of person giving Information <u>H. Parr acting coroner</u>			How related to deceased <u>—</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>drowning</u>	How long
Immediate <u>drowning</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>—</u>	Signature of Physician <u>Henry Parr acting coroner</u>
	Address <u>Galena md</u>
Accident <u>—</u> Suicide? <u>—</u>	

